_____ _____
Resident Complaint Tracking # Official Use Only (date stamp)

RESIDENT COMPLAINT FORM

Borough of Bloomfield
Attn: Borough Enforcement Officer
PO Box 144, New Bloomfield, PA 17068
Email: bbcodeoffice@gmail.com Fax: 717-582-8890

Date Submitted _____

Form Submitted By: ☐ **E-Mail** ☐ **U.S. Mail** ☐ **FAX** ☐ **In-Person**
(check one)

Complainant Name_____
(*please print*) *Last* *First* *MI*

Mailing Address _____
Street/P.O.Box

_____
City *State* *Zip Code*

Telephone Number _____ **Email Address** _____
Required *Optional*

Complaint Details: *Please provide sufficient detail and location of the complaint so this agency can determine the best course of action. Please use additional sheets if necessary.*

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Please allow sufficient time to process this request…Thank you!